

# BabyNet System Personnel Credential Application



# BabyNet

## South Carolina's Early Intervention System

SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

## 1. SYSTEM AFFILIATION

**A. BabyNet Partnering Agency Personnel ONLY (check one)**

☐ DHEC/BN      ☐ DHEC/CRS      ☐ DMH      ☐ LEA      ☐ SCSDB      ☐ DDSN

**O** Name of DSN Board or SubContractor: \_\_\_\_\_

**Date of Hire:**

### B. BabyNet Contractors ONLY:

For new contact enrollment requests, you may **not** begin providing services until you are notified by BabyNet Central Office that your contract has been approved and is in effect and have completed and submitted this application.

**Date of Contract Approval with SC DHEC for provision of BabyNet Services:**

**2. APPLICANT INFORMATION:** complete all sections for initial and annual application. For other changes, complete only sections that apply. \*Required for initial and annual application

\*Degree (check highest level of education)

☐ Associate  
☐ Bachelors  
☐ Other:

- ☐ Masters
- ☐ Doctorate

\*Discipline (please specify, e.g., Early Childhood Special Education):

Number of years  
experience with children  
aged birth to 3:

\*Last Name:

\*First Name:

\*M:

\*Email:

\*Mailing Address:

\*City:

\*State:

\*Zip:

\*Phone: ( )

Fax: (       )

Primary County(ies)/zip codes served:

3. EARLY INTERVENTION ROLES and SERVICE					
System Role(s) <i>Check <u>all</u> that apply:</i>		FOR BABYNET SERVICE PROVIDERS: Service(s) Provided <i>Check <u>all</u> that apply</i>			
	BabyNet Program Manager: Agencies Only		ABA Program Consultant: Autism only		Optometrist
	BabyNet System Manger		ABA Provider: Autism only		Orientation/Mobility Specialist
	System Point of Entry or Intake Supervisor		Audiologist		Physician
	BabyNet Intake Coordinator		Dietitian		Physical Therapist
	Curriculum-Based Assessment Provider		DME Provider (Assistive Technology)		Physical Therapy Assistant
	Eligibility Determination Team Member		Foreign Language Interpreter (list language/s in box below)		Psychologist/ School Provider
	Supervisor of Service Coordination and/or Special Instruction		Interpreter for the Deaf		Social Worker
	BabyNet Service Coordinator		Licensed Professional Counselor (LPC)		Speech-Language Pathologist, CCC-SLP
	BabyNet Service Provider: <b>MUST CHECK AT LEAST ONE SERVICE IN THE 'BABYNET SERVICES' COLUMN/S TO THE RIGHT ➡</b>		Nurse		Speech Language Pathology, CFY
	Interagency Monitoring Team Member: Agencies only		Occupational Therapist		Speech Language Pathology Assistant
	Parent Resources and Supports		Occupational Therapy Assistant		Special Educator/ Special Instructor
	Technical Assistance Specialist: TECS staff		Ophthalmologist		Transportation Provider

**Foreign Languages Interpreted:**

#### 4. CERTIFICATION/SIGNATURE

I agree to report any changes regarding this information to Team for Early Childhood Solutions (TECS) in a timely manner. Under penalties of perjury, I hereby certify that all of the information provided in this enrollment process is true, correct and complete and that the enrolling provider is in compliance with all applicable federal and state laws and regulations.

Signature:

Date: